

## HELPING YOU GET THE MOST FROM **YOUR HEALTH PLAN**



## HERE ARE SOME TIPS FOR USING YOUR MEDICAL BENEFITS



### **Know Your Benefits**

Call a Blue Cross and Blue Shield of Texas (BCBSTX) Personal Health Assistant to ask questions about your medical benefits and to verify coverage. Or go online to [www.healthselectoftexas.com](http://www.healthselectoftexas.com) and register or log in to Blue Access for Members<sup>SM</sup>.



### **Coordinated Care**

Let your primary care physician (PCP) manage your care, referrals, prior authorization, medications and more.\*



### **Talk to Your Primary Doctor**

Before you see a specialist, talk to your primary care physician (PCP) and if needed, get a referral and/or prior authorization for certain services.\*



### **Stay in the Network**

The HealthSelect network includes more than 50,000 health care providers across Texas. You'll pay less if you see a network provider. To find out if your provider is in-network, go to the Find a Doctor/Hospital page on [www.healthselectoftexas.com](http://www.healthselectoftexas.com).



### **Get Preventive Care**

Get preventive care from your in-network doctor. When you see an in-network doctor, preventive care is covered at no cost to you.



### **Know Your Options for Care**

Your benefits include options for low-cost, quality care including virtual visits, retail health clinics and urgent care centers. A BCBSTX Personal Health Assistant can talk through your options.

It's always less expensive when you stay in your health plan's network. This is one of the best ways you can control your health care costs and save money. Here's why:

### When you see an out-of-network provider:

- There is no negotiated contracted rate (plan discount), meaning you could pay significantly more.
- You may be responsible for the difference between the amount the provider bills you and the allowable amount, which can be significant. This is called balance billing.

**The following table shows an example of the difference in cost between having a surgical procedure performed by an in-network provider versus an out-of-network provider, if you are enrolled in HealthSelect of Texas and have not met the deductible for an individual. This example is for illustrative purposes only and does not represent the cost of an actual procedure. If you are enrolled in Consumer Directed HealthSelect<sup>SM</sup>, you will have to meet a higher deductible before the plan begins to pay anything.**

		In-network	Out-of-network
<b>Amount billed by the doctor</b>		<b>\$2,500</b>	<b>\$2,500</b>
<b>Allowable amount</b> This is the maximum amount the plan will pay for a service		<b>\$1,000<sup>1</sup></b>	<b>\$1,000<sup>1</sup></b>
<b>Deductible</b>		No Deductible	\$500 Deductible per person \$1,500 Deductible per family
<b>Plan discounts</b> This is the amount negotiated by your plan with in-network providers to help save you money		<b>\$1,500</b>	<b>\$0</b> When you use an out-of-network provider, you will not get a discount from your plan
<b>What you owe</b> Includes applicable deductibles, copays, coinsurance, and any balance billing <sup>2</sup> that may apply	<b>Member cost share</b>	<b>\$200</b> You pay 20% of the allowable amount	<b>\$200</b> You pay 40% (coinsurance/copay) of the allowable amount after the \$500 deductible is applied
	<b>Amount that you could be balance billed<sup>2</sup> by the provider</b>	<b>\$0</b> You'll never be balance billed <sup>2</sup> by a network doctor	<b>\$1,500</b>
<b>HealthSelect of Texas pays</b> HealthSelect will pay the difference between the allowable amount and the amount you owe based on your plan benefits		<b>\$800</b>	<b>\$300</b> Plan pays (coinsurance/copay) of the allowable amount after you meet the deductible
<b>Your total responsibility</b>		<b>\$200</b>	<b>\$2,200</b>

<sup>1</sup> For out-of-network services, the health plan pays charges based on the "allowable amount" – not the amount the provider bills. The allowable amount is typically lower for out-of-network services. It is difficult to estimate how much you will have to pay out-of-network providers before you seek service because the plan does not provide the allowable amount until after you have filed your claim.

<sup>2</sup> Out of network providers may bill you for the difference between the amount they charge and the amount your plan covers. This is called balance billing. For example, if the provider's charge is \$2,500 and your plan's allowable amount is \$1,000, the provider may charge you the remaining \$1,500. An in-network provider cannot balance bill you for covered services.

Blue Cross and Blue Shield of Texas (BCBSTX) is the third-party administrator for HealthSelect<sup>SM</sup> of Texas and Consumer Directed HealthSelect<sup>SM</sup>.

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## Have questions about your benefits or how to use them?

Call a Blue Cross and Blue Shield of Texas  
Personal Health Assistant

Toll-free at **(800) 252-8039**

Monday – Friday 7 a.m. – 7 p.m.

and Saturday 7 a.m. – 3 p.m. central time